

# 2016-2017 Verification Worksheet Dependent Student V4

## A. Student Information

Student's Last Name	First Name	M.I.	Student's Identification (ID) Number <i>(Not SSN or DL number)</i>
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate/Cell Number

## B. Receipt of SNAP Benefits

The parents certify that \_\_\_\_\_, a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

**Note:** *If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015. For questions regarding who is considered a part of the parents' household, please contact the financial aid office.*

## C. Child Support Paid

If one or both of the parents included in the household and/or the student paid child support in 2015, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2015
Total Amount of Child Support Paid			\$

**Note:** *If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation. If unsure, please contact the financial aid office to determine who is considered a member of the household.*

## D. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

Print Student's Name	Student's ID Number
Student's Signature	Date
Parent's Signature	Date